MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
600392	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					IND.	DEP.	IND.	DEP.	IND	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1								51							
2								52							
3								53							
4								54							
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45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.								TOTAL IND.	6						
TOTAL DEP.								TOTAL DEP.	77						
TOTAL CLAIMS								TOTAL CLAIMS	77						

O-1360 (3-78)